



Reprinted
March 19, 2013

ENGROSSED

SENATE BILL No. 267

DIGEST OF SB 267 (Updated March 18, 2013 4:55 pm - DI 97)

Citations Affected: IC 4-24; IC 5-10; IC 12-7; IC 12-9; IC 12-11; IC 12-24; IC 12-26; IC 16-38; IC 27-8; IC 27-13; IC 34-18; noncode.

Synopsis: Mental health matters. Changes references from "pervasive developmental disorder" to "autism spectrum disorder". Repeals the definition of "state developmental center", and removes references to state developmental centers and the Fort Wayne State Developmental Center, which no longer exist. Changes references from "managed care providers" to "community mental health centers" in statutes concerning mental health home and community based services. Removes a provision specifying an addictions treatment provider as the gatekeeper for an individual entering into an addiction program in a state institution. Requires the commission on mental health and addiction to study certain topics.

Effective: July 1, 2013.

Miller Patricia, Breaux

(HOUSE SPONSORS — CLERE, BROWN C)

January 8, 2013, read first time and referred to Committee on Health and Provider Services.

January 17, 2013, reported favorably — Do Pass.

January 22, 2013, read second time, ordered engrossed.

January 23, 2013, engrossed.

January 28, 2013, read third time, passed. Yeas 49, nays 0.

HOUSE ACTION

February 26, 2013, read first time and referred to Committee on Public Health.

March 14, 2013, amended, reported — Do Pass.

March 18, 2013, read second time, amended, ordered engrossed.

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Reprinted
March 19, 2013

First Regular Session 118th General Assembly (2013)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2012 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 267

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 4-24-6-4 IS AMENDED TO READ AS FOLLOWS
2 [EFFECTIVE JULY 1, 2013]: Sec. 4. (a) This section does not apply
3 to a patient
4 (1) in a state developmental center listed in IC 12-24-1-1; or
5 (2) in an institution listed in IC 12-24-1-3 if the patient is in a unit
6 that is a Medicaid certified intermediate care facility for the
7 mentally retarded.
8 (b) Any interest or income derived from the deposit or investment
9 of funds held in trust for any patient or inmate shall be transferred from
10 such trust fund to a special fund to be known as the "patients' recreation
11 fund" or "inmates' recreation fund"; provided, that in the event a trust
12 fund has been established in any institution, which trust fund is in
13 existence on July 1, 1957, and there is a deficiency in the amount of
14 money that properly belongs in such trust fund, the income derived
15 from any trust fund established under the provisions of this chapter
16 shall be paid into the trust fund until the deficiency has been fully paid.
17 SECTION 2. IC 5-10-8-7.1 IS AMENDED TO READ AS

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1 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 7.1. (a) As used in this
2 section, "covered individual" means an individual who is:

- 3 (1) covered under a self-insurance program established under
4 section 7(b) of this chapter to provide group health coverage; or
5 (2) entitled to health services under a contract with a prepaid
6 health care delivery plan that is entered into or renewed under
7 section 7(c) of this chapter.

8 (b) As used in this section, "~~pervasive developmental~~ **"autism**
9 **spectrum** disorder" means a neurological condition, including
10 Asperger's syndrome and autism, as defined in the most recent edition
11 of the Diagnostic and Statistical Manual of Mental Disorders of the
12 American Psychiatric Association.

13 (c) A self-insurance program established under section 7(b) of this
14 chapter to provide health care coverage must provide a covered
15 individual with coverage for the treatment of a ~~pervasive~~
16 ~~developmental~~ **an autism spectrum** disorder. Coverage provided
17 under this section is limited to treatment that is prescribed by the
18 covered individual's treating physician in accordance with a treatment
19 plan. A self-insurance program may not deny or refuse to issue
20 coverage on, refuse to contract with, or refuse to renew, refuse to
21 reissue, or otherwise terminate or restrict coverage on, an individual
22 under an insurance policy or health plan solely because the individual
23 is diagnosed with a ~~pervasive developmental~~ **an autism spectrum**
24 disorder.

25 (d) A contract with a prepaid health care delivery plan that is
26 entered into or renewed under section 7(c) of this chapter must provide
27 a covered individual with services for the treatment of a ~~pervasive~~
28 ~~developmental~~ **an autism spectrum** disorder. Services provided under
29 this section are limited to treatment that is prescribed by the covered
30 individual's treating physician in accordance with a treatment plan. A
31 prepaid health care delivery plan may not deny or refuse to provide
32 services to, or refuse to renew, refuse to reissue, or otherwise terminate
33 or restrict services to, an individual solely because the individual is
34 diagnosed with a ~~pervasive developmental~~ **an autism spectrum**
35 disorder.

36 (e) The coverage required by subsection (c) and services required
37 by subsection (d) may not be subject to dollar limits, deductibles,
38 copayments, or coinsurance provisions that are less favorable to a
39 covered individual than the dollar limits, deductibles, copayments, or
40 coinsurance provisions that apply to physical illness generally under
41 the self-insurance program or contract with a prepaid health care
42 delivery plan.



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1 SECTION 3. IC 12-7-2-19, AS AMENDED BY P.L.99-2007,
 2 SECTION 41, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2013]: Sec. 19. (a) "Autism", for purposes of IC 12-11-8, has
 4 the meaning set forth in IC 12-11-8-1.

5 (b) "Autism", for purposes of IC 12-11-1.1-6 and IC 12-28-4-13,
 6 refers to the characteristics of a neurological disorder that is described
 7 in the **most recent edition of the** Diagnostic and Statistical Manual of
 8 Mental Disorders ~~Fourth Edition, Washington, of the~~ American
 9 Psychiatric Association. ~~1994, pages 70 and 71.~~

10 SECTION 4. IC 12-7-2-182 IS REPEALED [EFFECTIVE JULY 1,
 11 2013]. ~~Sec. 182: "State developmental center", for purposes of~~
 12 ~~IC 12-11-2.1, refers to an institution listed in IC 12-24-1-1.~~

13 SECTION 5. IC 12-7-2-184, AS AMENDED BY P.L.141-2006,
 14 SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 15 JULY 1, 2013]: Sec. 184. (a) "State institution" means an institution:

- 16 (1) owned or operated by the state;
- 17 (2) for the observation, care, treatment, or detention of an
 18 individual; and
- 19 (3) under the administrative control of a division.

20 (b) The term includes the following:

- 21 (1) Evansville State Hospital.
- 22 (2) Evansville State Psychiatric Treatment Center for Children.
- 23 ~~(3) Fort Wayne State Developmental Center.~~
- 24 ~~(4) (3) Larue D. Carter Memorial Hospital.~~
- 25 ~~(5) (4) Logansport State Hospital.~~
- 26 ~~(6) (5) Madison State Hospital.~~
- 27 ~~(7) (6) Richmond State Hospital.~~

28 SECTION 6. IC 12-9-2-5 IS REPEALED [EFFECTIVE JULY 1,
 29 2013]. ~~Sec. 5: The director has administrative control of and~~
 30 ~~responsibility for the state owned and operated developmental centers~~
 31 ~~as provided in IC 12-24-1-1.~~

32 SECTION 7. IC 12-11-1.1-8 IS REPEALED [EFFECTIVE JULY
 33 1, 2013]. ~~Sec. 8: The budget agency shall annually:~~

- 34 ~~(1) calculate; and~~
- 35 ~~(2) report to the budget committee;~~

36 ~~any savings realized from the transfer or discharge of individuals with~~
 37 ~~developmental disabilities from a state developmental center to a~~
 38 ~~community based resident setting.~~

39 SECTION 8. IC 12-11-2.1-4, AS AMENDED BY P.L.99-2007,
 40 SECTION 79, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 41 JULY 1, 2013]: Sec. 4. The bureau shall serve as the placement
 42 authority for individuals with a developmental disability under service

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1 plans developed under this chapter, including all placements in a ~~state~~
 2 ~~developmental center~~ or an intermediate care facility.

3 SECTION 9. IC 12-11-2.1-5, AS AMENDED BY P.L.99-2007,
 4 SECTION 80, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 5 JULY 1, 2013]: Sec. 5. When authorizing services for an individual
 6 with a developmental disability in a community based setting, the
 7 bureau shall give equal consideration based on need between:

- 8 (1) individuals who resided with a family member, relative, or
 9 guardian immediately before the community based residential
 10 placement; and
 11 (2) individuals being placed from:
 12 (A) a ~~state developmental center~~;
 13 (B) (A) an intermediate care facility; or
 14 (C) (B) a nursing facility.

15 SECTION 10. IC 12-11-2.1-8 IS REPEALED [EFFECTIVE JULY
 16 1, 2013]. Sec. 8: If an individual with a developmental disability
 17 committed to a state developmental center is placed on outpatient
 18 status under IC 12-26-14, the bureau shall monitor the individual's
 19 compliance with the individual's service plan during the period that the
 20 individual is in outpatient status.

21 SECTION 11. IC 12-24-1-1 IS REPEALED [EFFECTIVE JULY 1,
 22 2013]. Sec. 1: The director of the division of disability and
 23 rehabilitative services has administrative control of and responsibility
 24 for the following state institutions:

- 25 (1) Fort Wayne State Developmental Center.
 26 (2) Any other state owned or operated developmental center.

27 SECTION 12. IC 12-24-11-3, AS AMENDED BY P.L.99-2007,
 28 SECTION 118, IS AMENDED TO READ AS FOLLOWS
 29 [EFFECTIVE JULY 1, 2013]: Sec. 3. Immediately upon receiving a
 30 patient's medical records or a patient's name and address under section
 31 2 of this chapter, IC 12-24-12, or IC 12-26-11, the community mental
 32 health center ~~the managed care provider~~, or the local agency serving
 33 the needs of individuals with a developmental disability shall do the
 34 following:

- 35 (1) Contact:
 36 (A) the patient; or
 37 (B) the patient's parent or guardian if the patient is not
 38 competent.
 39 (2) Explain the types of services that are available to the patient
 40 in the area in which the patient will reside.

41 SECTION 13. IC 12-24-12-2 IS AMENDED TO READ AS
 42 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 2. The division shall



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1 contract with ~~managed care providers~~ **community mental health**
 2 **centers** to administer a system of community based gatekeepers to
 3 monitor each individual from the time the individual has been
 4 involuntarily committed to a state institution administered by the
 5 division until the individual is discharged from the commitment.

6 SECTION 14. IC 12-24-12-3 IS AMENDED TO READ AS
 7 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 3. (a) Before an
 8 individual described in section 2 of this chapter is discharged or placed
 9 on outpatient status under IC 12-26, a discharge plan shall be
 10 formulated in consultation with the patient's designated case manager.
 11 The superintendent shall provide copies of the individual's plan of
 12 discharge or placement to a community mental health center ~~or a~~
 13 ~~managed care provider~~ serving the area in which the individual will
 14 reside. The plan must include the following:

- 15 (1) A copy of the papers authorizing the discharge or placement.
- 16 (2) An assessment of the individual's mental health.
- 17 (3) The superintendent's recommendations concerning the
 18 follow-up treatment services and the specific residential
 19 placement that the individual should receive after the individual
 20 is discharged or placed.
- 21 (4) If the individual has been placed on outpatient status, a
 22 description of the conditions relating to the individual's
 23 placement.

24 (b) If the plan provided to the ~~managed care provider~~ or community
 25 mental health center under subsection (a) recommends or requires that
 26 an individual receive treatment from another treatment provider, the
 27 ~~managed care provider~~ or community mental health center shall
 28 document the following:

- 29 (1) Whether the initial contact with the treatment provider
 30 occurred.
- 31 (2) Whether treatment was rendered according to the
 32 recommendations in the individual's plan.
- 33 (3) What changes, if any, were made in the individual's plan by
 34 the treatment provider.

35 (c) If the plan provided to the ~~managed care provider~~ **community**
 36 **mental health center** under subsection (a) recommends or requires
 37 that an individual reside at a location designated by the superintendent
 38 in the plan, the case manager shall monitor whether the individual is
 39 residing at the location.

40 SECTION 15. IC 12-24-12-4 IS AMENDED TO READ AS
 41 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 4. (a) If a ~~managed care~~
 42 ~~provider~~ **community mental health center** is aware of problems with

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1 continuity of care for a discharged or placed individual, the ~~managed~~
2 ~~care provider~~ **community mental health center** shall contact:

- 3 (1) the discharged or placed individual;
- 4 (2) the treatment provider;
- 5 (3) the residential provider; or
- 6 (4) the state institution from which the individual has been
- 7 discharged or placed;

8 and attempt to resolve any problems.

9 (b) If the treatment or residential problems continue and are
10 significant, the ~~managed care provider~~ **community mental health**
11 **center** shall report these findings to the director.

12 SECTION 16. IC 12-24-12-10, AS AMENDED BY P.L.114-2012,
13 SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14 JULY 1, 2013]: Sec. 10. (a) Upon admission to a state institution
15 administered by the division of mental health and addiction, the
16 gatekeeper is one (1) of the following:

- 17 (1) For an individual with a psychiatric disorder, the community
18 mental health center that submitted the report to the committing
19 court under IC 12-26.
- 20 (2) For an individual with a developmental disability, a division
21 of disability and rehabilitative services service coordinator under
22 IC 12-11-2.1.
- 23 ~~(3) For an individual entering an addictions program, an~~
24 ~~addictions treatment provider that is certified by the division of~~
25 ~~mental health and addiction.~~

26 (b) The division is the gatekeeper for the following:

- 27 (1) An individual who is found to have insufficient
28 comprehension to stand trial under IC 35-36-3.
- 29 (2) An individual who is found to be not guilty by reason of
30 insanity under IC 35-36-2-4 and is subject to a civil commitment
31 under IC 12-26.
- 32 (3) An individual who is immediately subject to a civil
33 commitment upon the individual's release from incarceration in
34 a facility administered by the department of correction or the
35 Federal Bureau of Prisons, or upon being charged with or
36 convicted of a forcible felony (as defined by IC 35-31.5-2-138).
- 37 (4) An individual placed under the supervision of the division for
38 addictions treatment under IC 12-23-7 and IC 12-23-8.
- 39 (5) An individual transferred from the department of correction
40 under IC 11-10-4.

41 SECTION 17. IC 12-24-19-7 IS AMENDED TO READ AS
42 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 7. (a) As used in this

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1 section, "transitional care" means temporary treatment services to
2 facilitate an individual's:

3 (1) transfer from a mental health institution to a community
4 residential setting; or

5 (2) discharge from a mental health institution.

6 (b) The transitional care program shall assist consumers in making
7 a smooth adjustment to community living and operate in collaboration
8 with a ~~managed care provider~~ **community mental health center** of
9 services in the consumer's home area.

10 (c) Resources for the program shall come from the total
11 appropriation for the facility, and may be adjusted to meet the needs of
12 consumer demand by the director.

13 (d) Each state institution administered by the division of mental
14 health and addiction shall establish a transitional care program with
15 adequate staffing patterns and employee skill levels for patients'
16 transitional care needs where clinically appropriate.

17 (e) The transitional care program shall be staffed by transitional care
18 specialists and at least one (1) transitional care case manager.

19 (f) A transitional care case manager must have at least a bachelor's
20 degree and be trained in transitional care.

21 (g) Psychiatric attendants working in this program shall be trained,
22 classified, and compensated as appropriate for a transitional care
23 specialist.

24 SECTION 18. IC 12-26-12-1 IS AMENDED TO READ AS
25 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 1. (a) Except as
26 provided in subsection (c), a court that orders a commitment may order
27 the superintendent to notify the petitioner in the commitment
28 proceeding and other person designated by the court that the committed
29 individual will be discharged.

30 (b) The notice required under subsection (a) shall be given to the
31 petitioner and other person designated by the court at least twenty (20)
32 days before the end of the commitment period.

33 (c) A court may not order the director of a community mental health
34 center ~~or a managed care provider~~ to notify the person who filed a
35 petition with respect to an individual committed to the community
36 mental health center. ~~or the managed care provider.~~

37 SECTION 19. IC 16-38-4-1 IS AMENDED TO READ AS
38 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 1. As used in this
39 chapter, "birth problems" means one (1) or more of the following
40 conditions:

41 (1) A structural deformation.

42 (2) A developmental malformation.

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- 1 (3) A genetic, inherited, or biochemical disease.
- 2 (4) A condition of a chronic nature, including central nervous
- 3 system hemorrhage or infection of the central nervous system,
- 4 that may result in a need for long term health care.
- 5 (5) ~~A pervasive developmental~~ **An autism spectrum** disorder that
- 6 is recognized in a child before the child becomes five (5) years of
- 7 age.
- 8 (6) A fetal alcohol spectrum disorder that is recognized before a
- 9 child becomes five (5) years of age.
- 10 (7) Any other severe disability that is:
- 11 (A) designated in a rule adopted by the state department; and
- 12 (B) recognized in a child after birth and before the child
- 13 becomes three (3) years of age.
- 14 SECTION 20. IC 16-38-4-8, AS AMENDED BY P.L.93-2006,
- 15 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 16 JULY 1, 2013]: Sec. 8. (a) The state department shall establish a birth
- 17 problems registry for the purpose of recording all cases of birth
- 18 problems that occur in Indiana residents and compiling necessary and
- 19 appropriate information concerning those cases, as determined by the
- 20 state department, in order to:
- 21 (1) conduct epidemiologic and environmental studies and to apply
- 22 appropriate preventive and control measures;
- 23 (2) inform the parents of children with birth problems:
- 24 (A) at the time of discharge from the hospital; or
- 25 (B) if a birth problem is diagnosed during a physician or
- 26 hospital visit that occurs before the child is:
- 27 (i) except as provided in item (ii), three (3) years of age at
- 28 the time of diagnosis; or
- 29 (ii) five (5) years of age at the time of diagnosis if the
- 30 disorder is ~~a pervasive developmental~~ **an autism spectrum**
- 31 **disorder** or a fetal alcohol spectrum disorder;
- 32 about physicians, care facilities, and appropriate community
- 33 resources, including local step ahead agencies and the infants and
- 34 toddlers with disabilities program (IC 12-12.7-2); or
- 35 (3) inform citizens regarding programs designed to prevent or
- 36 reduce birth problems.
- 37 (b) The state department shall record in the birth problems registry:
- 38 (1) all data concerning birth problems of children that are
- 39 provided from the certificate of live birth; and
- 40 (2) any additional information that may be provided by an
- 41 individual or entity described in section 7(a)(2) of this chapter
- 42 concerning a birth problem that is:

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- 1 (A) designated in a rule adopted by the state department; and
- 2 (B) recognized:
 - 3 (i) after the child is discharged from the hospital as a
 - 4 newborn;
 - 5 (ii) before the child is five (5) years of age if the child is
 - 6 diagnosed with a ~~pervasive developmental~~ **an autism**
 - 7 **spectrum** disorder or a fetal alcohol spectrum disorder; and
 - 8 (iii) before the child is three (3) years of age for any
 - 9 diagnosis not specified in item (ii).
- 10 (c) The state department shall:

- 11 (1) provide a physician and a local health department with
- 12 necessary forms for reporting under this chapter; and
- 13 (2) report in an electronic format under IC 5-14-6 to the
- 14 legislative council any birth problem trends that are identified
- 15 through the data collected under this chapter.

16 SECTION 21. IC 27-8-14.2-3 IS AMENDED TO READ AS
 17 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 3. As used in this
 18 chapter, "~~pervasive developmental~~ **an autism spectrum** disorder" means
 19 a neurological condition, including Asperger's syndrome and autism,
 20 as defined in the most recent edition of the Diagnostic and Statistical
 21 Manual of Mental Disorders of the American Psychiatric Association.

22 SECTION 22. IC 27-8-14.2-4 IS AMENDED TO READ AS
 23 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 4. (a) An accident and
 24 sickness insurance policy that is issued on a group basis must provide
 25 coverage for the treatment of a ~~pervasive developmental~~ **an autism**
 26 **spectrum** disorder of an insured. Coverage provided under this section
 27 is limited to treatment that is prescribed by the insured's treating
 28 physician in accordance with a treatment plan. An insurer may not deny
 29 or refuse to issue coverage on, refuse to contract with, or refuse to
 30 renew, refuse to reissue, or otherwise terminate or restrict coverage on
 31 an individual under an insurance policy solely because the individual
 32 is diagnosed with a ~~pervasive developmental~~ **an autism spectrum**
 33 disorder.

34 (b) The coverage required under this section may not be subject to
 35 dollar limits, deductibles, or coinsurance provisions that are less
 36 favorable to an insured than the dollar limits, deductibles, or
 37 coinsurance provisions that apply to physical illness generally under
 38 the accident and sickness insurance policy.

39 SECTION 23. IC 27-8-14.2-5 IS AMENDED TO READ AS
 40 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 5. (a) An insurer that
 41 issues an accident and sickness insurance policy on an individual basis
 42 must offer to provide coverage for the treatment of a ~~pervasive~~

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1 ~~developmental~~ **an autism spectrum** disorder of an insured. Coverage
 2 provided under this section is limited to treatment that is prescribed by
 3 the insured's treating physician in accordance with a treatment plan. An
 4 insurer may not deny or refuse to issue coverage on, refuse to contract
 5 with, or refuse to renew, refuse to reissue, or otherwise terminate or
 6 restrict coverage on an individual under an insurance policy solely
 7 because the individual is diagnosed with a ~~pervasive developmental~~ **an**
 8 **autism spectrum** disorder.

9 (b) The coverage that must be offered under this section may not be
 10 subject to dollar limits, deductibles, or coinsurance provisions that are
 11 less favorable to an insured than the dollar limits, deductibles, or
 12 coinsurance provisions that apply to physical illness generally under
 13 the accident and sickness insurance policy.

14 SECTION 24. IC 27-13-7-14.7 IS AMENDED TO READ AS
 15 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 14.7. (a) As used in this
 16 section, ~~"pervasive developmental~~ **"autism spectrum** disorder" means
 17 a neurological condition, including Asperger's syndrome and autism,
 18 as defined in the most recent edition of the Diagnostic and Statistical
 19 Manual of Mental Disorders of the American Psychiatric Association.

20 (b) A group contract with a health maintenance organization that
 21 provides basic health care services must provide services for the
 22 treatment of a ~~pervasive developmental~~ **an autism spectrum** disorder
 23 of an enrollee. Services provided to an enrollee under this subsection
 24 are limited to services that are prescribed by the enrollee's treating
 25 physician in accordance with a treatment plan. A health maintenance
 26 organization may not deny or refuse to provide services to, or refuse to
 27 renew, refuse to reissue, or otherwise terminate or restrict coverage
 28 under a group contract to services to an individual solely because the
 29 individual is diagnosed with a ~~pervasive developmental~~ **an autism**
 30 **spectrum** disorder.

31 (c) The services required under subsection (b) may not be subject
 32 to dollar limits, deductibles, copayments, or coinsurance provisions
 33 that are less favorable to an enrollee than the dollar limits, deductibles,
 34 copayments, or coinsurance provisions that apply to physical illness
 35 generally under the contract with the health maintenance organization.

36 (d) A health maintenance organization that enters into an individual
 37 contract that provides basic health care services must offer to provide
 38 services for the treatment of a ~~pervasive developmental~~ **an autism**
 39 **spectrum** disorder of an enrollee. Services provided to an enrollee
 40 under this subsection are limited to services that are prescribed by the
 41 enrollee's treating physician in accordance with a treatment plan. A
 42 health maintenance organization may not deny or refuse to provide

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1 services to, or refuse to renew, refuse to reissue, or otherwise terminate
2 or restrict coverage under an individual contract to services to an
3 individual solely because the individual is diagnosed with a ~~pervasive~~
4 ~~developmental~~ **an autism spectrum** disorder.

5 (e) The services that must be offered under subsection (d) may not
6 be subject to dollar limits, deductibles, copayments, or coinsurance
7 provisions that are less favorable to an enrollee than the dollar limits,
8 deductibles, copayments, or coinsurance provisions that apply to
9 physical illness generally under the contract with the health
10 maintenance organization.

11 SECTION 25. IC 34-18-2-24 IS AMENDED TO READ AS
12 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 24. "Psychiatric
13 hospital" means a private institution licensed under IC 12-25 and
14 public institutions under the administrative control of the director of a
15 division as designated by ~~IC 12-24-1-1~~ or IC 12-24-1-3.

16 SECTION 26. [EFFECTIVE JULY 1, 2013] **(a) As used in this**
17 **SECTION, "commission" refers to the commission on mental**
18 **health and addiction established by IC 12-21-6.5-2.**

19 **(b) During the 2013 legislative interim, the commission shall**
20 **review, discuss revisions regarding, and make recommendations**
21 **regarding the continued implementation of the children's social,**
22 **emotional, and behavioral health plan, as developed under**
23 **IC 20-19-5. The commission shall consider comments and**
24 **recommendations from governmental agencies and interested**
25 **parties.**

26 **(c) This SECTION expires December 31, 2013.**

27 SECTION 27. [EFFECTIVE JULY 1, 2013] **(a) As used in this**
28 **SECTION, "commission" refers to the commission on mental**
29 **health and addiction established by IC 12-21-6.5-2.**

30 **(b) During the 2013 legislative interim, the commission shall**
31 **review the operation of existing mental health crisis intervention**
32 **teams operating in Indiana and make recommendations**
33 **concerning the best practices necessary to encourage the creation**
34 **and development of mental health crisis intervention teams in**
35 **Indiana.**

36 **(c) This SECTION expires December 31, 2013.**

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COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 267, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is made to Senate Bill 267 as introduced.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 11, Nays 0.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 267, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 6, after line 31, begin a new paragraph and insert:

"SECTION 18. [EFFECTIVE JULY 1, 2013] (a) As used in this SECTION, "commission" refers to the commission on mental health and addiction established by IC 12-21-6.5-2.

(b) During the 2013 legislative interim, the commission shall review, discuss revisions regarding, and make recommendations regarding the continued implementation of the children's social, emotional, and behavioral health plan, as developed under IC 20-19-5. The commission shall consider comments and recommendations from governmental agencies and interested parties.

(c) This SECTION expires December 31, 2013.

SECTION 19. [EFFECTIVE JULY 1, 2013] (a) As used in this SECTION, "commission" refers to the commission on mental health and addiction established by IC 12-21-6.5-2.

(b) During the 2013 legislative interim, the commission shall review the operation of existing mental health crisis intervention teams operating in Indiana and make recommendations

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concerning the best practices necessary to encourage the creation and development of mental health crisis intervention teams in Indiana.

(c) This SECTION expires December 31, 2013."

and when so amended that said bill do pass.

(Reference is to SB 267 as printed January 18, 2013.)

CLERE, Chair

Committee Vote: yeas 10, nays 0.

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 267 be amended to read as follows:

Page 1, between lines 16 and 17, begin a new paragraph and insert:

"SECTION 2. IC 5-10-8-7.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 7.1. (a) As used in this section, "covered individual" means an individual who is:

- (1) covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
- (2) entitled to health services under a contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(b) As used in this section, ~~"pervasive developmental~~ **"autism spectrum disorder"** means a neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

(c) A self-insurance program established under section 7(b) of this chapter to provide health care coverage must provide a covered individual with coverage for the treatment of a ~~pervasive developmental~~ **an autism spectrum** disorder. Coverage provided under this section is limited to treatment that is prescribed by the covered individual's treating physician in accordance with a treatment plan. A self-insurance program may not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage on, an individual under an insurance policy or health plan solely because the individual is diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder.

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(d) A contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter must provide a covered individual with services for the treatment of ~~a pervasive developmental~~ **an autism spectrum** disorder. Services provided under this section are limited to treatment that is prescribed by the covered individual's treating physician in accordance with a treatment plan. A prepaid health care delivery plan may not deny or refuse to provide services to, or refuse to renew, refuse to reissue, or otherwise terminate or restrict services to, an individual solely because the individual is diagnosed with ~~a pervasive developmental~~ **an autism spectrum** disorder.

(e) The coverage required by subsection (c) and services required by subsection (d) may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to a covered individual than the dollar limits, deductibles, copayments, or coinsurance provisions that apply to physical illness generally under the self-insurance program or contract with a prepaid health care delivery plan.

SECTION 3. IC 12-7-2-19, AS AMENDED BY P.L.99-2007, SECTION 41, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 19. (a) "Autism", for purposes of IC 12-11-8, has the meaning set forth in IC 12-11-8-1.

(b) "Autism", for purposes of IC 12-11-1.1-6 and IC 12-28-4-13, refers to the characteristics of a neurological disorder that is described in the **most recent edition of the** Diagnostic and Statistical Manual of Mental Disorders ~~Fourth Edition, Washington, of the~~ American Psychiatric Association. ~~1994, pages 70 and 71.~~

Page 6, between lines 26 and 27, begin a new paragraph and insert:

"SECTION 18. IC 16-38-4-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 1. As used in this chapter, "birth problems" means one (1) or more of the following conditions:

- (1) A structural deformation.
- (2) A developmental malformation.
- (3) A genetic, inherited, or biochemical disease.
- (4) A condition of a chronic nature, including central nervous system hemorrhage or infection of the central nervous system, that may result in a need for long term health care.
- (5) ~~A pervasive developmental~~ **An autism spectrum** disorder that is recognized in a child before the child becomes five (5) years of age.
- (6) A fetal alcohol spectrum disorder that is recognized before a



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child becomes five (5) years of age.

(7) Any other severe disability that is:

- (A) designated in a rule adopted by the state department; and
- (B) recognized in a child after birth and before the child becomes three (3) years of age.

SECTION 19. IC 16-38-4-8, AS AMENDED BY P.L.93-2006, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 8. (a) The state department shall establish a birth problems registry for the purpose of recording all cases of birth problems that occur in Indiana residents and compiling necessary and appropriate information concerning those cases, as determined by the state department, in order to:

(1) conduct epidemiologic and environmental studies and to apply appropriate preventive and control measures;

(2) inform the parents of children with birth problems:

- (A) at the time of discharge from the hospital; or
- (B) if a birth problem is diagnosed during a physician or hospital visit that occurs before the child is:
 - (i) except as provided in item (ii), three (3) years of age at the time of diagnosis; or
 - (ii) five (5) years of age at the time of diagnosis if the disorder is a ~~pervasive developmental~~ **an autism spectrum** disorder or a fetal alcohol spectrum disorder;

about physicians, care facilities, and appropriate community resources, including local step ahead agencies and the infants and toddlers with disabilities program (IC 12-12.7-2); or

(3) inform citizens regarding programs designed to prevent or reduce birth problems.

(b) The state department shall record in the birth problems registry:

(1) all data concerning birth problems of children that are provided from the certificate of live birth; and

(2) any additional information that may be provided by an individual or entity described in section 7(a)(2) of this chapter concerning a birth problem that is:

- (A) designated in a rule adopted by the state department; and
- (B) recognized:
 - (i) after the child is discharged from the hospital as a newborn;
 - (ii) before the child is five (5) years of age if the child is diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder or a fetal alcohol spectrum disorder; and
 - (iii) before the child is three (3) years of age for any

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diagnosis not specified in item (ii).

(c) The state department shall:

- (1) provide a physician and a local health department with necessary forms for reporting under this chapter; and
- (2) report in an electronic format under IC 5-14-6 to the legislative council any birth problem trends that are identified through the data collected under this chapter.

SECTION 20. IC 27-8-14.2-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 3. As used in this chapter, "~~pervasive developmental~~ **autism spectrum** disorder" means a neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

SECTION 21. IC 27-8-14.2-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 4. (a) An accident and sickness insurance policy that is issued on a group basis must provide coverage for the treatment of a ~~pervasive developmental~~ **an autism spectrum** disorder of an insured. Coverage provided under this section is limited to treatment that is prescribed by the insured's treating physician in accordance with a treatment plan. An insurer may not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage on an individual under an insurance policy solely because the individual is diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder.

(b) The coverage required under this section may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the accident and sickness insurance policy.

SECTION 22. IC 27-8-14.2-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 5. (a) An insurer that issues an accident and sickness insurance policy on an individual basis must offer to provide coverage for the treatment of a ~~pervasive developmental~~ **an autism spectrum** disorder of an insured. Coverage provided under this section is limited to treatment that is prescribed by the insured's treating physician in accordance with a treatment plan. An insurer may not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage on an individual under an insurance policy solely because the individual is diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder.

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(b) The coverage that must be offered under this section may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the accident and sickness insurance policy.

SECTION 23. IC 27-13-7-14.7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 14.7. (a) As used in this section, "~~pervasive developmental~~ **autism spectrum** disorder" means a neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

(b) A group contract with a health maintenance organization that provides basic health care services must provide services for the treatment of a ~~pervasive developmental~~ **an autism spectrum** disorder of an enrollee. Services provided to an enrollee under this subsection are limited to services that are prescribed by the enrollee's treating physician in accordance with a treatment plan. A health maintenance organization may not deny or refuse to provide services to, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage under a group contract to services to an individual solely because the individual is diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder.

(c) The services required under subsection (b) may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to an enrollee than the dollar limits, deductibles, copayments, or coinsurance provisions that apply to physical illness generally under the contract with the health maintenance organization.

(d) A health maintenance organization that enters into an individual contract that provides basic health care services must offer to provide services for the treatment of a ~~pervasive developmental~~ **an autism spectrum** disorder of an enrollee. Services provided to an enrollee under this subsection are limited to services that are prescribed by the enrollee's treating physician in accordance with a treatment plan. A health maintenance organization may not deny or refuse to provide services to, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage under an individual contract to services to an individual solely because the individual is diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder.

(e) The services that must be offered under subsection (d) may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to an enrollee than the dollar limits, deductibles, copayments, or coinsurance provisions that apply to

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physical illness generally under the contract with the health maintenance organization."

Renumber all SECTIONS consecutively.

(Reference is to ESB 267 as printed March 15, 2013.)

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